

REVISED CERTIFICATION APPLICATION



CalRecycle

Division of Recycling/Certification Unit
801 K St, MS 15-59, Sacramento, CA 95814
(916) 324-8598 www.calrecycle.ca.gov

State of California
Edmund G. Brown, Governor

SAMPLE ONLY

DOR USE ONLY

Reg ID _____

Case ID _____

Cert ID _____

Certification Application FOR RECYCLING CENTERS AND PROCESSORS

- Please type or print in ink neatly
- Submit a separate application for each location or category
- Write N/A for any items that are not applicable

SECTION 1 – CATEGORY OF CERTIFICATION

Check one:..... ☐ Recycling Center..... ☐ Processor

SECTION 2 – PRECERTIFICATION TRAINING AND EXAMINATION REQUIREMENTS

Name of Voucher Holder

Title

SECTION 3 – CONTACT PERSON

First Name

Middle Name

Last Name

Suffix

Title

Language Spoken

Residence Address

Suite

City

State

Zip

CDL/ID

SSN

DOB

Business Phone

Home/Cell Phone

E-mail

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SECTION 2 – ORGANIZATION INFORMATION

Business Name is the name that will appear on the certification and is the actual name under which the organization will be paid.

Business Address is the address at which the records will be stored (not necessarily the address where the recycling center will be located).

Business Name

Doing Business As (*attach Fictitious Business Name Statement*):

Business Street Address (see definition above; no PO Boxes)

Suite/Apt

City

County

State

Zip

Business Mailing Address

Suite/Apt

City

County

State

Zip

Phone

Fax

Website

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Taxpayer ID (If you are not a sole proprietorship or husband/wife partnership, or you have employees, you cannot use a social security number)

SECTION 3 – TYPE OF ORGANIZATION (Check only ONE box)

For Profit	
<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Married Couple Co-ownership Spouses' Names: _____ _____	<input type="checkbox"/> Partnership <i>Submit copy of partnership agreement</i> ____General or ____Limited
<input type="checkbox"/> California Corporation <i>Attach article of incorporation & list of corporate officers)</i> <i>Corporate Number:</i> Agent for Service of Process: _____	<input type="checkbox"/> Corporation not formed in California <i>Attach articles of incorporation, list of corporate officers, and certification from Secretary of State authorizing corporation to transact business in California.</i> Corporate Number: _____ Agent for Service of Process: _____
<input type="checkbox"/> California Limited Liability Company <i>Attach Articles of Organization, Statement of Information, and Operating Agreement</i> Agent for Service of Process: _____	<input type="checkbox"/> Limited Liability Company not formed in California <i>Attach Articles of Organization, Statement of Information, Operating Agreement, certification from Secretary of State authorizing company to transact business in California.</i> Agent for Service of Process: _____
<input type="checkbox"/> Non Profit or Charity <i>Attach description of organization and copy of letter from Internal Revenue Service for the California Franchise Tax Board confirming tax exempt status. Non-profit corporations must additionally provide the attachments required for corporations listed above.</i>	
<input type="checkbox"/> Local Government ____ City ____ County ____ Other: _____ <i>Attach board resolution authorizing application</i>	
<input type="checkbox"/> Federal Government ____ Military ____ National Park ____ Other: _____	

SECTION 4 - ORGANIZATION HISTORY

1. Are you, your spouse, your partner, or any corporate officer currently certified by CalRecycle, Division of Recycling, in any category? ☐ Yes ☐ No

If YES, Name(s) of Individuals and Certification Number(s) (attach additional pages, if needed)

2. Have you, your spouse, your partner, or any corporate officer ever been certified by CalRecycle, Division of Recycling, in any category? ☐ Yes ☐ No

If YES, Name(s) of Individuals and Certification Number(s) (attach additional pages, if needed)

3. Do you, your spouse, your partner, or any corporate officer have additional pending applications with CalRecycle, Division of Recycling, in any category? ☐ Yes ☐ No

If YES, Name(s) of Individuals and Case Number(s) (attach additional pages, if needed)

4. Have you, your spouse, your partner, or any corporate officer ever had a certificate denied, suspended, or revoked by CalRecycle, Division of Recycling, in any category? ☐ Yes ☐ No

If YES, Name(s) of Individuals and Case and/or Certification Number(s) (attach additional pages, if needed)

SECTION 5 – FACILITY INFORMATION

Facility Name _____

Facility Street Address _____

Suite/Apt _____

City _____

County _____

Zip _____

Facility Phone _____

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How many employees at this location? _____

Nearest Cross Street _____

Did you purchase the recycling center business? ☐ Yes ☐ No
If yes, from whom (name and phone number): _____

5. Has this location been previously certified? ☐ Yes ☐ No

If yes, provide the:

Former Facility Name _____

Former Owner Name _____

Former Certification Number _____

6. Type of usage agreement: ☐ Own ☐ Rent ☐ Donated Space ☐ Other

You must include a copy of the lease, mortgage statement, or use agreement that clearly lists the applicant, the property owner, and grants permission to use the space for a recycling center.

7. Property Owner Information

First Name _____

Last Name _____

E-mail Address _____

Business Name (if applicable) _____

Phone _____

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Mailing Address _____

Suite _____

City _____

State _____

Zip _____

8. Hours of operation (**circle am/pm**) *Note: If no lunch hours are indicated, the recycling center must be open from Open to Close.*

Monday	Open am / pm	Lunch hours to	Close am / pm
Tuesday	Open am / pm	Lunch hours to	Close am / pm
Wednesday	Open am / pm	Lunch hours to	Close am / pm
Thursday	Open am / pm	Lunch hours to	Close am / pm
Friday	Open am / pm	Lunch hours to	Close am / pm
Saturday	Open am / pm	Lunch hours to	Close am / pm
Sunday	Open am / pm	Lunch hours to	Close am / pm

9. Have you contacted your local government for the necessary permits? ☐ Yes ☐ No

10. Is this facility located on Federal land? ☐ Yes ☐ No

If yes, you must provide written authorization from the responsible Federal agency allowing State inspectors to enter the property.

Recycling Center Information Only

11. Are you requesting "grandfathered" status for your facility? ☐ Yes ☐ No
If yes, which material types do you accept? ☐ Aluminum ☐ Glass ☐ Plastic ☐ Bimetal
Provide proof that you were already in operation as of January 1, 1986.
12. Are you applying for certification as a Nonprofit Convenience Zone Recycler? ☐ Yes ☐ No
13. Are you applying for certification as a Rural Region Recycler? ☐ Yes ☐ No
14. Describe the methods used to collect and store redeemed beverage containers:
☐ Igloos ☐ Bins ☐ Trailers ☐ Reverse vending machines ☐ Carts ☐ Bales ☐ Pickup truck/Van/Auto
☐ Other (Explain): _____
- If using reverse vending machine(s), indicate the proposed method for redeeming beverage containers which are not accepted by the machine(s).**
☐ In-store redemption: Name and address of store _____
☐ On-site attendant ☐ Other (Explain): _____
15. Initial the following statements. **All partners; both spouses must initial.**
- The undersigned certification applicant agrees under penalty of immediate revocation of certification and denial of CRV payments, that as a certified operator of a recycling center:***
- a. I/We have read and understand the requirements set forth in the statutes and regulations governing this program. _____
- b. I/we will ensure that any CRV for which payment is claimed are eligible containers that were purchased in California. _____
- c. I/we agree to inspect loads of empty beverage containers in accordance with the regulations _____
- d. I/we agree to accept and redeem all type(s) of redeemable beverage containers at the facility _____

Processing Facility Information Only

16. What redeemable beverage containers will be accepted at the facility

☐ Aluminum ☐ Glass ☐ Plastic ☐ Bimetal

17. Indicate the method(s) to be used to cancel each type of redeemable beverage container by container type:

Aluminum

- ☐ Shredded
- ☐ Densification to 30 lbs./cu. ft.
- ☐ Delivered to end-user*
- ☐ Exported from State*
- ☐ Other: *(Specify)* _____
- _____
- _____

Plastic

- ☐ Shredded
- ☐ Delivered to end-user
- ☐ Exported from State
- ☐ Other: *(Specify)* _____
- _____
- _____

Glass

- ☐ Crushed to uniform size
- ☐ Delivered to end-user
- ☐ Exported from State

Bimetal

- ☐ Densification
- ☐ Shredding
- ☐ Nuggetting
- ☐ Milling
- ☐ Delivered to end-user
- ☐ Exported from State

*Containers must first be densified to 15 lbs./cu. ft.

18. Do you transact business by appointment only?

☐ Yes ☐ No

If "No", complete item ## on page ## of this application (Hours of Operation)

19. Initial the following statements. **All partners; both spouses must initial.**

The undersigned certification applicant agrees under penalty of immediate revocation of certification and denial of CRV payments, that as a certified operator of a recycling center:

- a. I/We have read and understand the requirements set forth in the statutes and regulations governing this program. _____
- b. I/we will ensure that any CRV for which payment is claimed are eligible containers that were purchased in California. _____
- c. I/we agree to purchase redeemed eligible beverage containers from any requesting certified and operational recycler. _____

Declaration and Signatures

- a. I agree to operate the facility in compliance with the California Beverage Container Recycling and Litter Reduction Act, including all relevant regulations contained in Chapter 5 of Division 2 of Title 14 of the California Code of Regulations.
- b. I declare under penalty of perjury under the laws of the State of California that all information on this application and supporting documents is true and correct and that I am authorized to sign this application.

Who must sign affidavit: For Individuals-the applicant; Partnerships-each partner; Married Couple Co-ownership -both spouses; Corporations, Limited Liability Companies, Government or Public Agencies-persons with authority to legally bind said entity to a contract (e.g., Executive Officer, Managing Member).

Attach Additional Sheet if Necessary.

Executed at: City	County	State	Date
First Name	Middle Name	Last Name	Suffix
Title		Language Spoken	
Residence Address		Suite	
City		State	Zip
CDL/ID		SSN**	DOB
Home Phone ()	Cell Phone ()	E-mail	

Executed at: City	County	State	Date
First Name	Middle Name	Last Name	Suffix
Title		Language Spoken	
Residence Address		Suite	
City		State	Zip
CDL/ID		SSN**	DOB
Home Phone ()	Cell Phone ()	E-mail	

**** Providing the Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). This information is used for applicant identification purposes. Authority: California Beverage Container Recycling and Litter Reduction Act (Public Resources Code Section 14500 et seq.).**